

Form P1

COMBINED DECLARATION and POWER OF ATTORNEY
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(Check one applicable item below)

- ☒ utility patent application
☐ design patent application
☐ national stage of PCT patent application

INVENTORSHIP IDENTIFICATION

My residence, mailing address, and citizenship are as stated below next to my name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

IMPROVEMENTS IN AND RELATING TO FORENSIC IDENTIFICATION

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was previously filed July 20, 2001, as United States Patent Application Serial No. 09/910,183.
- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article § 19 on _____ *(if any)*.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))³

(d) ☐ no such applications have been filed.

(e) ☒ such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application claims priority to a non-U.S. application, check item (e), enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER § 119 or § 365	
United Kingdom	9713597.4	June 28, 1997	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913

PATENT TRADEMARK OFFICE
CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

DANA L. TANGREN
Registration No. 37,246
Telephone (801) 533-9800
Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)⁴

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Rebecca A. L. GRIFFITHS
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of second joint inventor, if any

Michael D. BARBER
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of third joint inventor, if any

Peter E. JOHNSON
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of fourth joint inventor, if any

Sharon M. GILLBARD
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of fifth joint inventor, if any

Marc D. HAYWOOD
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of sixth joint inventor, if any

Carolyn D. SMITH
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of seventh joint inventor, if any

Jennifer A. ARNOLD
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Athens Greece
(city) (State or Country)

Mailing Address 15 Doysmani Street, Glyfada, 166-75, Athens Greece

Full name of eighth joint inventor, if any

Trudy BURKE
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of ninth joint inventor, if any

Andrew J. URQUHART
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom

Full name of tenth joint inventor, if any

Peter P. GILL
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence Birmingham United Kingdom
(city) (State or Country)

Mailing Address The Forensic Science Service, Priory House, Gooch Street North,
Birmingham, B5 6QQ, United Kingdom